



National Transit Database

Rural Data Reporting

Reporting Period: 1 July 2005 – 30 June 2006

(E-mail completed form to: mhoffman@azdot.gov or Fax to 602.712.3046)

Provider Name: _____

Provider Acronym: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Type of Service Operated: (check all that apply)

Fixed Route ☐ Deviated Fixed Route ☐ Demand Response ☐

Subscription ☐ Vanpool ☐ Other ☐

Service Area:

Municipal ☐ County ☐ Multi-County ☐

Volunteer Resources:

Volunteer Drivers ☐ (if checked how many) _____

Personal Vehicles in Service ☐ (if checked how many) _____

Vehicles:

Number of active vehicles in fleet _____

Number of ADA accessible vehicles in fleet _____

Annual Operating and Administrative Expenses: \$_____

Operating Revenue:

Fare Revenue \$_____

Contract Revenue \$_____

Federal Operating Assistance \$_____

State Operating Assistance \$_____

Local Operating Assistance \$_____

Annual Capital Costs: \$_____

Sources of Capital Funds:

Federal Capital Assistance \$_____

State Capital Assistance \$_____

Local Capital Funds \$_____

Service Data:

Annual Vehicle Miles _____

Annual Vehicle Hours _____

Annual Passenger Trips _____

Safety:

Fatalities _____

Major Incidents _____

Major Injuries _____